



Expiration Date: _____

Check #/Amount: _____

**APPLICATION FOR RENEWAL
OF A MAINE EMS SERVICE LICENSE**

Section I – Service Information

- A. Service Name: _____ Service #: _____
Mailing Address: _____ Shipping Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
(Must be a physical address, not a PO Box)
- B. Ambulance Base – Street address: _____
- C. Business Telephone #: _____ Ambulance Base Telephone#: _____
- D. Federal Tax ID# (EIN): _____ E-Mail Address: _____

Section II – Authorized Service Representatives (ASR) and Designated Infection Control Officers (DICO)

- A. List the names and telephone numbers of the Director/Chief, Assistant Director/Chief, other authorized service representatives, and the DICO and Alternate DICO for the service (Note: this list will supersede all previous lists).

- | | | |
|--------------------------------|----------------------------|----------------|
| 1. Director/Chief: _____ | Telephone # - (Day): _____ | (Night): _____ |
| 2. Ass't Director/Chief: _____ | Telephone# - (Day): _____ | (Night): _____ |
| 3. Alternate ASR: _____ | Telephone# - (Day): _____ | (Night): _____ |
| 4. Alternate ASR: _____ | Telephone# - (Day): _____ | (Night): _____ |
| 5. DICO: _____ | Telephone# - (Day): _____ | (Night): _____ |
| 6. Alt. DICO: _____ | Telephone# - (Day): _____ | (Night): _____ |

Section III – License Level – Please indicate the service's current license level.

____ First Responder ____ EMT-Basic ____ EMT-Intermediate* ____ EMT-Critical Care* ____ Paramedic*

Section IV – Service Permit Level – Please indicate the service's current permit level.

____ EMT-Basic ____ EMT-Intermediate* ____ EMT-Critical Care* ____ Paramedic*

** If there have been **changes** to your agreement with a hospital pharmacy (or other Maine EMS approved pharmacy), please attach a copy of the agreement to this application. If your service is licensed or permitted at the EMT-I level and this is the first time a renewal application has been submitted since the service first began carrying Intermediate level drugs, please attach a copy of your service's agreement with a hospital pharmacy (or other Maine EMS approved pharmacy).*

Section V Quality Assurance/Quality Improvement Committee – If the structure of your QA/QI Committee has changed, list, by position, (e.g. Service Director, Paramedic, EMT), the current members of your service's QA/QI Committee. If your QA/QI program has changed, attach a copy of your service's updated program.

Section VI – Communications – Please list the following telephone numbers for the service:

Emergency Dispatch: _____
Dispatch Business Number: _____

Secondary Emergency Dispatch (other than 911): _____

Section VII – Vehicle Information

A. List, below, the vehicle(s) for which the service requests ambulance vehicle licensure (attach extra sheets as necessary):

Year	Chassis Mfg	Amb Mfg	VIN# (Last 5 numbers/letters)	Type	DMV#	Maine EMS#

B. List, below, the Emergency Medical Services Vehicle(s) (EMSV) for which the service has received Maine EMS authorization. Do not list vehicles in this section that are licensed as ambulances or fire service vehicles.

Year	Chassis Mfg	VIN # (Last 5 numbers/letters)	DMV#	Maine EMS#

Section VIII – Endorsements

A. Transporting Service Endorsement for Non Transporting Services

I certify that the below named ambulance service has a letter of understanding or other written agreement in effect with the applicant which provides for the simultaneous dispatch, and transport of patients, as required in Chapter 3 §4.1.C.5 of the Maine EMS Rules.

Name of Transporting Service: _____ Service #: _____
Signature of Authorized Representative: _____ Date: _____
Print Name of Authorized Representative: _____

B. Medical Control Endorsement:

As the Regional Medical Director, I have reviewed this application and have determined that the arrangements for Quality Assurance/Quality Improvement, Advanced Life Support (ALS) backup and the Medical Control for the proposed type of service and level of care are adequate, according to criteria published and approved by Maine EMS.

Regional Medical Director: _____ Date: _____
Signature

C. Service Representative Endorsement

I hereby certify: that the foregoing statements are correct and true to the best of my knowledge ; that the service is eligible for licensure/authorization in accordance with the Maine EMS Rules and EMS Law (32 M.R.S.A. § 81 *et seq*); the service possesses the required equipment as set forth in the Maine EMS Rules; and, that the personnel providing medical care on behalf of the service possess current and valid Maine EMS licenses. The service requesting licensure understands that the Maine EMS systems Quality Assurance /Quality Improvement (QA/QI) process is an integral part of being a licensed Maine EMS service and agrees to participate in the Maine EMS QA/QI system in accordance with criteria approved and published by the Board, and further agrees that QA/QI information pertaining to the service may be shared amongst recognized participants within the Maine EMS QA/QI system. I request that the Maine EMS Board approve any changes indicated regarding the Service's Quality Assurance/Quality Improvement Committee (in accordance with 32 M.R.S.A. § 92-A *et seq*). I understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against the service's license by Maine EMS.

Print Name: _____ Signature: _____ Date: _____

FEE SCHEDULE

Service Fee - \$100.00 per Licensed Base per year
Ambulance and EMS Vehicle Fee - \$60.00 per vehicle per year
Make checks payable to: *Treasurer of State*

Mail or deliver the completed application and fees to your regional EMS office. Your regional office will obtain the regional medical director's signature and forward the application to Maine EMS for processing. Please call Maine EMS at 207-626-3860 if you have questions.